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FACSIMILE TRANSMISSION COVER SHEET

Date: March 13, 2009

To: United States Patent and Trademark Office
Examiner: Lebentritt, Michael; Art Unit: 2829

Fax: (571) 273-8300

Re: **Application Serial No.: 10/791,096**
Filing Date: 3/1/2004; First-Named Inventor: Ryan
Attorney Docket No.: 0180367

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated December 19, 2008.

Thank you.

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Attorney Docket No.: 0180367

AMENDMENT COVER SHEETIN RE APPLICATION OF: Ryan, et al.SERIAL NO.: 10/791,096 FILED: 03/01/2004FOR: Contact Liner in Integrated Circuit Technology

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 130.00 | 65.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 490.00 | 245.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,110.00 | 555.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,730.00 | 865.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 20 | MINUS **20 | * = 0 | x 52 | x 26 | \$ |
| INDEPENDENT | 4 | MINUS ***4 | * = 0 | x 220 | x 110 | \$ |
| First presentation of multiple dependent claim | | | | + 390 | + 195 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

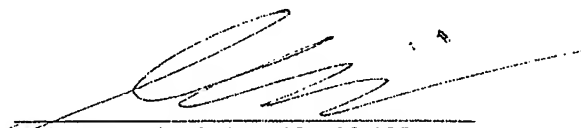
Attorney Docket No.: 0180367

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date:

3/13/09

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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3/13/09

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Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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Attorney Docket No.: 0180367

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Ryan, et al.

Serial No.: 10/791,096

Filed: 03/01/2004

For: **Contact Liner in Integrated Circuit
Technology**

Art Unit: 2829

Examiner: Lebentritt, Michael

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AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated December 19, 2008 in the above-referenced patent application. Please enter and consider the following amendments and remarks.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No.

50-0731.